

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4451HHA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/18/2011
NAME OF PROVIDER OR SUPPLIER HEARTBEAT OF NEVADA HEALTH SYSTEMS			STREET ADDRESS, CITY, STATE, ZIP CODE 7945 W SAHARA AVE LAS VEGAS, NV 89117		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
H 00	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a abbreviated focused State Relicensure Survey conducted at your agency on 5/18/11, in accordance with Nevada Administrative Code, Chapter 449 Home Health Agencies.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions, or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The agency's census was 25. Six patient files were reviewed. Six employee files were reviewed. Two telephone interviews were conducted.</p> <p>The following regulatory deficiencies were identified:</p>	H 00			
H153	<p>449.782 Personnel Policies</p> <p>A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for:</p> <p>7. The annual testing of all employees who have contact with patients for tuberculosis pursuant to NAC 441A.375; and</p> <p>This Regulation is not met as evidenced by: Sec. 10. NAC 441A.375 is hereby amended to read as follows:</p>	H153			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H153	Continued From page 1 441A.375 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter,	H153			

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H153	<p>Continued From page 2</p> <p>unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>Based on employee file review, the facility failed to ensure compliance with chapter 441A</p>	H153			

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H153	Continued From page 3 of Nevada Administrative Code for 3 of 6 employees (#2, #3 and #6). Employee #2- The file did not contain evidence of a 2-step Mantoux tuberculin skin test Employee #3- The file did not contain documented evidence of a positive tuberculosis screening test and a subsequent chest radiograph and medical evaluation for active tuberculosis. Employee #6- The file did not contain documented evidence of a positive tuberculosis screening test and a subsequent chest radiograph and medical evaluation for active tuberculosis. Severity: 2 Scope: 2	H153			
H188	449.797 Contents of Clinical Records Clinical records must contain: 5. A copy of: (a) The patient's durable power of attorney for health care, if the patient has executed such a power of attorney pursuant to NRS 449.800 to 449.860, inclusive; (NRS 449.800 to 449.860 repealed in 2009, referenced now at NRS 162A.700 to 162A.860) and (b) A declaration governing the withholding or withdrawal of life-sustaining treatment, if the patient has executed such a declaration pursuant to NRS 449.600. This Regulation is not met as evidenced by: Based on record review and staff interview, the agency failed to have a copy of the patient's durable power of attorney for health care and/or advanced directives documentation in the	H188			

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H188	Continued From page 4 patient's record for 3 of 6 patient records reviewed. (Patients #1, #2 and #5) Severity 2 Scope: 2	H188			
H191	449.797 Contents of Clinical Records 8. A written evaluation for services made at the time the patient is admitted for care. Regular written reevaluations for services and assessments of patients made on a continuing basis. This Regulation is not met as evidenced by: Based on record review and staff interview, the agency failed to ensure 1 of 6 patients (Patient #2) received the education needed as assessed during the resumption of care OASIS assessment completed on 5/5/11. Patient #4- The admitting registered nurse (RN) assessed the need for education regarding advanced directives and the durable power of attorney for health care designation. Record review revealed no social worker referral, social worker notes or (RN) notes about that education. In an interview, Employee #1, the administrator stated she was not aware of the issue as assessed for that patient. Severity: 2 Scope: 1	H191			

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